



GOOCHLAND PET LOVERS

GOOD NEIGHBOR FUND APPLICATION

APPLICANT INSTRUCTIONS

- Please review the information below. Mark any changes as needed. Sign the Application.
- Provide any Rabies Certificates or previous Vet Records that you have brought with you.

APPLICANT INFORMATION

LName:		FName:		Phone/Cell:		Client #:	
Address:				City:		Zip Code:	
Email Address:							
Total # of animals at this residence:			Total # of Dogs:		Licensed? <input type="checkbox"/> Y <input type="checkbox"/> N		Total # of Cats:
Dog #1	Name:		Breed:		Color:		Age:
<input type="checkbox"/> F <input type="checkbox"/> M	Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> To Be Scheduled		Microchipped? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Approved by Owner				
Last Rabies Shot:		Last Vet Care:		Any previous reactions to medications or vaccinations?			
Dog #2	Name:		Breed:		Color:		Age:
<input type="checkbox"/> F <input type="checkbox"/> M	Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> To Be Scheduled		Microchipped? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Approved by Owner				
Last Rabies Shot:		Last Vet Care:		Any previous reactions to medications or vaccinations?			
Cat #1	Name:		<input type="checkbox"/> Long Hair <input type="checkbox"/> Short Hair		Color:		Age:
<input type="checkbox"/> F <input type="checkbox"/> M	Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> To Be Scheduled		Microchipped? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Approved by Owner				
Last Rabies Shot:		Last Vet Care:		Any previous reactions to medications or vaccinations?			
Cat #2	Name:		<input type="checkbox"/> Long Hair <input type="checkbox"/> Short Hair		Color:		Age:
<input type="checkbox"/> F <input type="checkbox"/> M	Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> To Be Scheduled		Microchipped? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Approved by Owner				
Last Rabies Shot:		Last Vet Care:		Any previous reactions to medications or vaccinations?			

The Good Neighbor Fund (GNF) program is for residents of Goochland County or Powhatan County *only*. Resident must live at or below 200% of the Federal Poverty Level and own the pet requested for services. By signing this application, you affirm that you are a resident of Goochland or Powhatan County, your income level does not exceed 200% of the Federal Poverty Level, and you own the pet(s) you have brought to the GPL FLAG Spay & Neuter Clinic. Services are limited to two animals per year unless otherwise approved by GPL. Services will be provided by Goochland Pet Lovers' Good Neighbor Fund. No payments will be made to residents. All animals are required to be spayed/neutered to continue in the program if they have not previously been altered unless otherwise approved by GPL. Residents must qualify annually for this service. Please see the GNF Policy for full details of requirements and process procedures. Questions: GNF@goochlandpetlovers.com or 804.556.5683 x2.

Signature:		Date:	
How did you hear about GNF?			

GNF OFFICE USE ONLY

Date Application Received:		Month/Year of Service:	
Notes:			